MDR Tracking Number: M5-04-2831-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 05-03-04. Dates of service 04-30-03 through 05-02-03 were untimely filed per Rule 133.308(e)(1). Dates of service 05-07-03 and 06-03-03 CPT code 99080 were withdrawn by ___, Collections Manager at the requestor's office on 07-22-04.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the office visits, therapeutic exercises, neuromuscular re-education, electrical stimulation, joint mobilization, myofascial release and manual traction were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service from 05-07-03 through 07-23-03 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Findings and Decision is hereby issued this 2nd day of August 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division
DLH/dlh

July 21, 2004

NOTICE OF INDEPENDENT REVIEW DECISION

MDR Tracking #: M5-04-2831-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on the ___ external review panel who is familiar with the with the condition and treatment options at issue in this appeal. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. The ___ chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, the ___ chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a male who sustained a work related injury on ___. The patient reported that while at work unloading a tractor-trailer, he injured his back. A MRI of the lumbar spine performed on 3/25/03 was reported to have revealed a L4-5 hypertrophy of the facet joints with a broad based bulge contributing to canal stenosis, and a protrusion in the right subarticular recess and proximal to the neural foramen. An EMG performed on 5/16/03 indicated L5-S1 radiculopathy and/or Sciatic nerve impingement. The patient had been treated conservatively initially, and subsequently underwent injections. On 9/23/03 the patient underwent a laminectomy, discectomy and decompression of his lateral recessed stenosis. Postoperatively the patient was sent for therapy and subsequent work hardening followed by a chronic pain management program.

Requested Services

Office visit, ther exer, neuromuscular reeducation, electrical stim, joint mobilization, myofascial release, and traction manual from 5/7/03 through 7/23/03

Documents and/or information used by the reviewer to reach a decision:

Documents Submitted by Requestor:

1. Summary Letter 6/11/03
2. Review of Medical History & Physical Exam 5/7/04
3. EMG report 5/16/03
4. MRI report 3/25/03
5. Office notes 6/11/03 – 6/19/03
6. Physical Performance Evaluation 7/18/03, 8/25/03
7. Clinic Daily Note 4/30/03 – 7/23/03

Documents Submitted by Respondent:

1. No documents submitted

Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is upheld.

Rationale/Basis for Decision

The ___ chiropractor reviewer noted that this case concerns a male who sustained a work related injury to his back on ___. The ___ chiropractor reviewer indicated that this patient was initially treated with conservative care until 3/4/03 when he began chiropractic care. The ___ chiropractor reviewer explained that 6-8 weeks of chiropractic care following an injury is reasonable and medically necessary.

The ___ chiropractor reviewer noted that the patient had not shown improvement with treatment rendered. The ___ chiropractor reviewer explained that between 4/28/03 through 7/28/03 the patient showed no progress and that the patient reported the same pain level. The ___ chiropractor reviewer also explained that this patient's injuries were not complicated and therefore did not require extra care. Therefore, the ___ chiropractor consultant concluded that the office visit, ther exer, neuromuscular reeducation, electrical stim, joint mobilization, myofascial release, and traction manual from 5/7/03 through 7/23/03 were not medically necessary to treat this patient's condition.

Sincerely,